

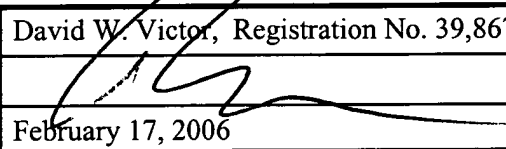
TRANSMITTAL FORM	Application Number	09/972,207
<i>(To be used for all correspondence after initial filing)</i>	Filing Date	October 5, 2001
	Inventor	P.L. Bradshaw et al.
	Group Art Unit	2145
	Examiner Name	A.Q. Choudhury
Total Number of Pages in this Submission:	Attorney Docket Number	SJO920010097U

Stamp: OIPE FEB 24 2006

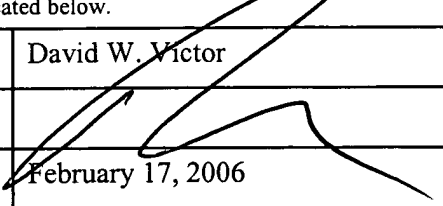
ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits /Declarations <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement; ___ references <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an application) <input type="checkbox"/> Formal Drawings: ___ sheets <input type="checkbox"/> Licensing-related papers <input type="checkbox"/> Petition: _____ <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, and/or Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ___ <input type="checkbox"/> After Allowance Communication to Group	<input type="checkbox"/> Certificate of Correction of Applicant's Mistake (37 CFR 1.323) <input type="checkbox"/> Certificate of Correction of Office Mistake (37 CFR 1.322) <input checked="" type="checkbox"/> Appeal Communication to Group (<i>Appeal Notice, Brief, Reply Brief</i>) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Fee Address Indication Form <input type="checkbox"/> Other Enclosure(s) (please identify below)
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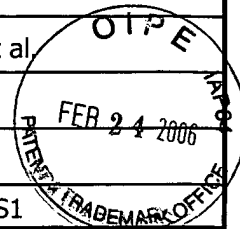
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name:	David W. Victor, Registration No. 39,867
Signature:	
Date:	February 17, 2006
KONRAD RAYNES & VICTOR, LLP 315 South Beverly Drive, Suite 210 Beverly Hills, California 90212 (310) 556-7983	
<input checked="" type="checkbox"/> The Commissioner is authorized to charge any deficiency of fees, or credit any overpayment, to Deposit Account No. 09-0466	

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Commissioner for Patents, Alexandria, VA 22313-1450, or being facsimile transmitted to the USPTO, on the date indicated below.		
Typed or Printed name:	David W. Victor	Customer No. 46917
Signature:		
Date:	February 17, 2006	

FEE TRANSMITTAL	Application Number	09/972,207
for FY 2005	Filing Date	October 5, 2001
	Inventor	P.L. Bradshaw et al
	Group Art Unit	2145
	Examiner Name	A.Q. Choudhury
Total Amount of Payment: \$ 830.00	Attorney Docket Number	SJO920010097US1



<p>METHOD OF PAYMENT (check one)</p> <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge the indicated fees and/or credit any overpayments to Deposit Account Number: 09-0466 <input type="checkbox"/> Charge any additional fee required under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Charge any deficiency or credit any overpayment</p> <p>2. <input type="checkbox"/> Payment enclosed: <input type="checkbox"/> Ck. No. _____ for \$_____ <input type="checkbox"/> Ck. No. _____ for \$40 <input type="checkbox"/> Credit Card Approval for _____</p> <p>FEE CALCULATION</p> <p>1. <input checked="" type="checkbox"/> BASIC FILING FEE Utility Filing Fee: Large Entity Fee Code 1011 \$300.00</p> <p>2. <input checked="" type="checkbox"/> UTILITY SEARCH FEE \$500.00</p> <p>3. <input checked="" type="checkbox"/> UTILITY EXAMINATION FEE \$200.00</p> <p>4. <input checked="" type="checkbox"/> EXTRA CLAIMS FEES Total Claims ____ - 20* x \$50= \$_____ Ind. Claims ____ - 3* x \$200= \$_____ Multiple Dependent <u>0</u> x \$360= \$0</p> <p>Subtotal \$_____</p> <p>*(or number previously paid for)</p>	<p>FEE CALCULATION (continued)</p> <p>3. ADDITIONAL FEES (large entity)</p> <table> <tr><td><input type="checkbox"/> Surcharge- late filing fee or oath</td><td>\$130</td></tr> <tr><td><input type="checkbox"/> Surcharge- late provisional filing fee or cover sheet</td><td>\$50</td></tr> <tr><td><input type="checkbox"/> Non-English specification</td><td>\$130</td></tr> <tr><td><input type="checkbox"/> International type search report</td><td>\$40</td></tr> <tr><td><input type="checkbox"/> Requesting publication of SIR prior to action</td><td>\$920</td></tr> <tr><td><input type="checkbox"/> Requesting publication of SIR after action</td><td>\$1840</td></tr> <tr><td><input type="checkbox"/> Extension for reply- first month</td><td>\$120</td></tr> <tr><td><input checked="" type="checkbox"/> Extension for reply- second month</td><td>\$330</td></tr> <tr><td><input type="checkbox"/> Extension for reply- third month</td><td>\$1020</td></tr> <tr><td><input type="checkbox"/> Extension for reply- fourth month</td><td>\$1590</td></tr> <tr><td><input type="checkbox"/> Extension for reply- fifth month</td><td>\$2160</td></tr> <tr><td><input type="checkbox"/> Notice of Appeal</td><td>\$500</td></tr> <tr><td><input checked="" type="checkbox"/> Brief in Support of Appeal</td><td>\$500</td></tr> <tr><td><input type="checkbox"/> Request for Oral Hearing</td><td>\$1000</td></tr> <tr><td><input type="checkbox"/> Utility issue fee</td><td>\$1400</td></tr> <tr><td><input type="checkbox"/> Petition to revive (unavoidable)</td><td>\$500</td></tr> <tr><td><input type="checkbox"/> Petition to revive (unintentional)</td><td>\$1500</td></tr> <tr><td><input type="checkbox"/> Petitions to the Commissioner</td><td>\$130</td></tr> <tr><td><input type="checkbox"/> Petitions related to provisional applications</td><td>\$50</td></tr> <tr><td><input type="checkbox"/> Submission of Information Disclosure Statement</td><td>\$180</td></tr> <tr><td><input type="checkbox"/> Recordation of Assignment</td><td>\$40</td></tr> <tr><td><input type="checkbox"/> Submission after final (37 CFR 1.129(a))</td><td>\$790</td></tr> <tr><td><input type="checkbox"/> Request for Continued Examination (RCE)</td><td>\$790</td></tr> <tr><td><input type="checkbox"/> Other:</td><td></td></tr> </table> <p>SUBTOTAL \$830.00</p>	<input type="checkbox"/> Surcharge- late filing fee or oath	\$130	<input type="checkbox"/> Surcharge- late provisional filing fee or cover sheet	\$50	<input type="checkbox"/> Non-English specification	\$130	<input type="checkbox"/> International type search report	\$40	<input type="checkbox"/> Requesting publication of SIR prior to action	\$920	<input type="checkbox"/> Requesting publication of SIR after action	\$1840	<input type="checkbox"/> Extension for reply- first month	\$120	<input checked="" type="checkbox"/> Extension for reply- second month	\$330	<input type="checkbox"/> Extension for reply- third month	\$1020	<input type="checkbox"/> Extension for reply- fourth month	\$1590	<input type="checkbox"/> Extension for reply- fifth month	\$2160	<input type="checkbox"/> Notice of Appeal	\$500	<input checked="" type="checkbox"/> Brief in Support of Appeal	\$500	<input type="checkbox"/> Request for Oral Hearing	\$1000	<input type="checkbox"/> Utility issue fee	\$1400	<input type="checkbox"/> Petition to revive (unavoidable)	\$500	<input type="checkbox"/> Petition to revive (unintentional)	\$1500	<input type="checkbox"/> Petitions to the Commissioner	\$130	<input type="checkbox"/> Petitions related to provisional applications	\$50	<input type="checkbox"/> Submission of Information Disclosure Statement	\$180	<input type="checkbox"/> Recordation of Assignment	\$40	<input type="checkbox"/> Submission after final (37 CFR 1.129(a))	\$790	<input type="checkbox"/> Request for Continued Examination (RCE)	\$790	<input type="checkbox"/> Other:	
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Submitted by:

Firm or Individual Name:	David W. Victor; Registration No. 39,867	Customer No. 46917
Signature:		
Date: February 17, 2006	Telephone: (310) 553-7977	